

PARTNERSHIP FORM

Texas Partners in Mission



*“All the ends of the world shall remember and turn to the Lord,
and all the families of the nations shall worship before you.”*

Psalm 22:27

PERSONAL INFORMATION: *(print neatly)*

Title (Rev./Dr./Mr./Mrs./Ms/Miss): _____

First Name: _____ Spouse Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone 1: (_____) _____ Telephone 2: (_____) _____

Email: _____@_____

Church Membership: _____

City: _____ State: _____

PARTNERSHIP INFORMATION:

I/We am/are willing to become a partner in the following way(s) (✓):

_____ **Prayer Partner**...willing to pray for our missions and our leaders

_____ **Area Partner**...willing to encourage others and help promote locally

_____ **Financial Partner**...willing to provide financial support: Total Gift: \$ _____

(✓) _____ Single gift OR

(✓) _____ Multi-gift pledge: \$ _____ / _____ (wk/mo/qt/yr)

My check is enclosed in the amount of \$ _____

*(please make checks payable to **Texas District - LCMS**; for Texas Partners in Mission)*

OTHER: Please check (✓) all that apply

_____ Please call _____ Would like a personal visit _____ Please add my name to mailing list

_____ Willing or interested in serving on district or area Development Council

_____ Willing to make personal telephone calls of appreciation to acknowledge gifts from others

_____ Send information on CEF's 100PLUS1 matching program

SIGNED: _____ **DATE:** _____

Return Partnership Form:

Texas Partners in Mission ● Texas District LCMS ● 7900 East Highway 290 ● Austin, TX 78724